Safe and Healthy Lives in Safe and Healthy Communities

To: Members of the Community Interested in the:

 $Rules\ and\ Regulations\ Pertaining\ to\ the\ Reporting\ of\ Communicable,\ Environmental,\ and$

Occupational Diseases (R23-10-DIS)

From: Utpala Bandy, MD, MPH, Assistant Medical Director

Division of Disease Prevention and Control

Date: October 6, 2005

Attached please find a copy of a proposed **DRAFT** of the *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental, and Occupational Diseases* that is attached for your review and comment. Also attached is a revised edition of the Guidelines for Communicable Disease Prevention and Control issued by the Office of Communicable Disease.

Generally, these regulations are being amended in order to add varicella, influenza associated hospitalizations and influenza associated pediatric deaths to the list of reportable diseases; to add additional requirements for laboratory testing and reporting of bioterrorism agents, and to update the section on childhood lead poisoning reporting.

Because of your interest, knowledge, and expertise in these matters, the Department would appreciate your review of the attached documents. Prior to proceeding to a formal public hearing on this matter in accordance with the requirements of the Administrative Procedures Act, the Department welcomes any comments you may have concerning these proposed revisions. Comments will be accepted until **FRIDAY, OCTOBER 28, 2005** after which time a formal public hearing date will be established.

If you have any questions about the proposed changes to the regulations, or if you would like to submit written comments, please direct them to Helen McCarthy, Ph.D., Health Policy Analyst, Office of Disease Prevention and Control (via e-mail: **HelenM@doh.state.ri.us**) or by telephone at 401-222-2577.

Please feel free to circulate additional copies of this document, as needed, to any interested party. Upon request, for persons with disabilities, copies of these proposed regulations are also available in Braille, large print, audio cassette, and electronic file (computer disk). Contact the Division of Health Services Regulation (401-222-1039 or RI Relay dial 711) if you need such assistance. These proposed regulations should also appear soon on the following websites: www.health.ri.gov and www.rules.state.ri.us/rules/.

Thank you for your assistance in revising these regulations. Attachment

RULES AND REGULATIONS PERTAINING TO THE REPORTING OF COMMUNICABLE, ENVIRONMENTAL AND OCCUPATIONAL DISEASES

(R23-10-DIS)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

June 1966

As Amended:

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COMPILER'S NOTE:

Proposed Additions: <u>Underlined</u> Proposed Deletions: Strikeouts

INTRODUCTION

These Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS) are promulgated pursuant to the authority set forth in Chapters 23-5, 23-6, 23-10, 23-11, 23-24.6, and 23-24.5 and sections 23-1-18 (2) and 23-8-1, of the General Laws of Rhode Island, as amended, and are established for the purpose of adopting standards pertaining to confidentiality and reporting of communicable, occupational and environmentally related diseases in this state. Surveillance data will be used to initiate appropriate public health responses.

Pursuant to the provisions of section 42-35-3(c) of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact placed on small business as defined in Chapter 42-35 of the General Laws as a result of the amended regulations. No alternative approach, overlap or duplication nor any significant economic impact was identified, consequently the regulations are adopted in the best interest of the health, safety and welfare of the public.

These rules and regulations shall supersede all previous *Rules and Regulations Pertaining to Reporting of Communicable and Environmentally Related Diseases*, and all previous *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases (R23-5-6,10,11,24.6-CD/ERD and R23-24.5 ASB)* promulgated by the Department of Health and filed with the Secretary of State.

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PART I Definitions and Reporting Requirements

1.0 **Definitions**

Wherever used in these rules and regulations, the following terms shall be construed as follows:

- 1.1 "Asbestos" means that unique group of naturally occurring minerals that separate into fibers of high tensile strength, resistant to heat, wear and chemicals, described as the following types: chrysotile, amosite, crocidolite, tremolite, anthopyllite, and actinolite, and every product containing any of these materials that have been chemically treated and/or altered which after manufacture are used for such products and end uses including but not limited to insulation, textiles, paper, cement, sheets, floor tile, wall covering, decorations, coating, sealants, cement pipe and reinforced plastics and other compounds.
- 1.2 "Asbestos-related disease" is any illness or disease, other than for benign conditions of the pleura, suspected of being related to asbestos exposure, including, but not limited to, mesothelioma, asbestosis and lung cancer believed to be caused by asbestos exposure.
- 1.3 "Carrier" means a person or animal that harbors a specific infectious agent without discernible clinical disease and serves as a potential source of infection.
- 1.4 "Case" or "patient" means the one who is ill, infected, injured or diagnosed with a reportable disease or injury.
- 1.5 "Clinical laboratory" means a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, radiobioassay, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings, pursuant to Chapter 23-16.2 of the Rhode Island General Laws, as amended, entitled "Laboratories."
- 1.6 "Communicable disease" means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host.
- 1.7 "Department" means the Rhode Island Department of Health.
- 1.8 "Director" means the Director of Health.
- 1.9 "Disease report" means an official notice to the appropriate authority of the occurrence of a specified disease in humans or animals, in accordance with the requirements stated herein.
- 1.10 "Disease surveillance" means the practice of monitoring the occurrence and spread of disease. Included are the systematic collection and evaluation of: morbidity and mortality reports; special reports of field investigations, epidemics and individual cases; isolations and identifications of infectious agents in laboratories; data concerning the availability and use of vaccines; immune globulin, pesticides and other substances used in disease control; information regarding immunity levels in segments of the population, and of other relevant

- epidemiologic data. The procedure applies to all jurisdictional levels of public health, from local to international.
- 1.11 "Incidence" means a term used to characterize the frequency of new occurrences of a disease, infection, or other event over a period of time and in relation to the population in which it occurs. Incidence is expressed as a rate, commonly the number of new cases during a prescribed time in a unit of population. For example, one refers to the number of new cases of tuberculosis per 100,000 population per year.
- 1.12 "Laboratory test diagnostic of HIV infection" means a laboratory test approved by the U.S. Food and Drug Administration, performed by a clinical laboratory that indicates the presence of antibody to HIV, HIV structural components, or HIV ribonucleic acid in blood and other body fluid.
- 1.13 "Non-name reporting system" means a Department-designed reporting system for cases of infection with human immunodeficiency virus (HIV) that contains no patient identifying information and using a non-name based code that protects the confidentiality of the patient in compliance with state and federal confidentiality laws and regulations.
- 1.14 "Occupational disease" means a disease or condition which is believed to be caused or aggravated by conditions in the individual's workplace.
- 1.15 "Outbreak or cluster" means the occurrence in a community or region of cases of an illness clearly in excess of the number of cases normally expected.
- 1.16 "*Physician*" means any individual licensed to practice medicine in this state under the provisions of Chapter 5-37 of the General Laws of Rhode Island, as amended (i.e., M.Ds and D.O.s).
- 1.17 "Poisoning (food)" means a poisoning that results from eating foods contaminated with toxins. These toxins may occur naturally, as in certain mushrooms or seafoods; they may be chemical or biologic contaminants; or they may be metabolic products of infectious agents that are present in the food.

Section 2.0 *Reporting Requirements*

Responsibility for Reporting

- 2.1 The diseases listed in these regulations shall be reported in the manner set forth in the regulations herein. Reporting of diseases listed in these regulations is required and is the responsibility of the following:
 - Physicians attending the case or suspected case or his/her designee;
 - Physician assistants, certified registered nurse practitioners, and midwives;
 - Clinical laboratories;

- **Hospitals** (from both inpatient and outpatient settings); When a diagnosis or suspected diagnosis of a case is made within a hospital, the facility administrator, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined herein.
- All other **health care facilities** (i.e., organized ambulatory care facility, school-based health center, freestanding emergency care facility, home care/home nursing care provider, hospice, birth center, nursing facility, rehabilitation hospital center, freestanding ambulatory surgical center, outpatient rehabilitation center, kidney disease treatment center, physician office setting providing surgical treatments {office operatory}); When a diagnosis or suspected diagnosis of a case is made within a licensed health care facility, the facility administrator or medical director, or his/her designee (e.g., infection control practitioner), is charged with the responsibility of ensuring the reporting of the case in accordance with the procedures outlined herein.
- **Veterinarians** who have knowledge of a single case of rare and unusual veterinary diagnosis that relates to or has the potential to cause illness in humans and/or clusters or outbreaks of unusual zoonotic vectorborne diseases that can cause illness in humans;
- 2.2 Reporting of diseases listed in these regulations is recommended by and the responsibility of the following:
 - Certified school nurse-teachers who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses;
 - **Dentists** who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses:
 - Other entities or persons (such as college/university health centers, day care centers, drug treatment facilities, prison health services, travel clinics, social service agencies that serve the homeless, school health centers that treat students in grades K--12) who have knowledge of a single case of rare and unusual diagnoses and/or clusters or outbreaks of unusual diseases or illnesses.

Exemptions

- 2.3 Reporting of the diseases listed in these regulations shall not be required in the following cases:
 - 1. When laboratory tests are performed for insurance purposes (i.e., non-diagnostic testing) and
 - 2. In research protocols where the person conducting the research is unaware of the identity of the person being tested. (In cases where the identity of the person being tested is known to the person conducting the research, the provisions of these regulations shall apply).

Public Health Response to Disease Reports

2.4 Any disease reported shall initiate a public health response by the provider and/or the Department in keeping with recommendations that are provided in the *Guidelines for Communicable Disease Prevention and Control* issued by the Rhode Island Department of Health, Division of Disease Prevention and Control.

Reporting of Outbreaks or Clusters

Any person who is required or recommended to report (cited in sections 2.1 herein) and has knowledge of an outbreak of infectious disease or infestation, or a cluster of unexplained illness, infectious or non-infectious, whether or not listed in these regulations, shall promptly report the facts to the Department of Health. Exotic diseases and unusual group expressions of illness which may be of public health concern shall also be reported immediately. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized in that area requires immediate reporting and epidemiologic investigation; two (2) cases of such a disease associated in time and place are sufficient evidence of transmission to be considered an outbreak. Outbreaks or clusters are therefore identified by significant increases in the usual incidence of the disease in the same area, among the specified population, at the same season of the year. Some examples of outbreaks are as follows: 1. Foodborne/poisoning: the occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food; 2. Institutional: cluster of similar illness in institutional settings, such as nursing homes, hospitals, schools, day care centers, etc.; 3. Waterborne: at least two (2) persons experiencing a similar illness after ingestion of water and epidemiologic evidence that implicates water as the probable source of the illness; 4. A single case of rare and unusual diagnoses, such as smallpox, ebola, or human rabies; 5. Outbreaks of unusual diseases or illness that may indicate acts of terrorism using biological agents, such as anthrax, botulism, ricinosis, epsilon toxin of *Clostridium perfringens*, and Staphylococcus enterotoxin B and any condition compatible with radiological or chemical terrorism events are also reportable.

Confidentiality Provisions

2.6 All information concerning cases or suspected cases shall be held in confidence in accordance with the provisions of Chapter 5-37.3 of the Rhode Island General Laws, as amended, ("Confidentiality of Health Care Communications and Information Act"), all other applicable state and federal statutes and regulations, and the *HIV/AIDS Confidentiality and Security Policy* of the Office of HIV & AIDS of the Rhode Island Department of Health.

Mechanism for Reporting

2.7 Clinical providers of care responsible for reporting shall use the most current electronic or paper version of the Rhode Island Department of Health <u>EPI-2002</u> <u>Disease Report</u> Form, if other specialized forms are not available. Reporting shall be via secured e-mail, telephone, facsimile, U.S. mail, or other secured electronic means of communication, as approved by the Department.

2.8	Specialized report forms for communicable disease reporting may be obtained online: www.health.ri.gov by calling 401-222-2577, or by writing to the Division
	of Disease Control, Room 106, Three Capitol Hill, Providence, RI 02908.

PART II Reportable Diseases and Disease Surveillance Projects

Section 3.0 Reportable Diseases and Timeframe for Reporting

3.1 The lists cited below* pertain to individuals and facilities required or recommended to report (see section 2.1 herein). A case shall be reported to the Department of Health, Division of Disease Prevention and Control within four (4) working days following diagnosis, except those diseases that shall be reported **immediately** upon recognition or strong suspicion of disease cited in **bold text** below. Laboratory confirmation is not necessary prior to reporting those diseases that are required to be reported **immediately**.

Invasive Diseases (Bacterial and Other Pathogens)

(Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site).

Encephalitis (primary, including arboviral, or parainfectious)

H. influenzae disease, all serotypes

Listeriosis

Meningitis (aseptic, bacterial, viral, or fungal)

Meningococcal disease (invasive)

Pneumococcal disease (invasive)

Streptococcal disease: all invasive disease caused by Groups A and B streptococci (including necrotizing fasciitis)

Streptococcal Toxic Shock

Toxic Shock Syndrome

Vancomycin resistant enterococcal infection (VRE)

Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA) infection

Tuberculosis

Tuberculous disease caused by *Mycobacterium tuberculosis*—all sites PPD positives in children less than six (6) years of age must be reported.

Vaccine Preventable Diseases

Death resulting from complications of varicella

Varicella

Diphtheria

Hepatitis B surface antigen (HbsAg) positive pregnant women

Influenza associated pediatric deaths

Influenza associated hospitalizations

Measles

Mumps

Pertussis

Poliomyelitis

Rubella (including congenital rubella)

Tetanus

^{*} Note that some conditions appear under more than one heading.

Blood Borne Pathogens

Acquired Immunodeficiency Syndrome (AIDS)
Hepatitis B, C, D, E, and unspecified viral hepatitis
(Also report AST, ALT, and bilirubin.)
Physicians must report acute cases, only.
HIV-1 or HIV-2 infection

Use unique identifier, not name of patient.

Sexually Transmitted Diseases

Chancroid

Chlamydia *Trachomatis* (genital and ophthalmic)

Gonorrhea

Granuloma Inguinale

Lymphogranuloma Venereum

Pelvic inflammatory disease (PID): all cases, based upon clinical diagnosis

Syphilis, late latent

Syphilis: primary, secondary, early latent

Vectorborne and Zoonotic Diseases

Babesiosis

Dengue fever

Ehrlichiosis

Hantavirus Pulmonary Syndrome

Leptospirosis

Lyme disease (new onset of symptoms and Western Blot positive, or erythema mirgrans>5cm alone)

Malaria

Ornithosis (psittacosis)

Rabies (human)

Rocky Mountain Spotted Fever

Trichinosis

Yellow fever

Enteric Diseases

Amebiasis

Botulism

Campylobacteriosis

Cholera

Ciguatera poisoning

Cryptosporidiosis

Cyclosporiasis

Enterohemmorrhagic E. coli (including E. coli O157:H7)

Giardiasis

Hepatitis A (IgM positive, report liver function tests as well)

Paralytic shellfish poisoning

Salmonellosis

Scombroid poisoning

Shigellosis

Typhoid fever

Vibrio vulnificus or V. parahaemolyticus infection

Yersiniosis

Agents of Bioterrorism

Anthrax

Botulism

Brucellosis

Clostridium perfringens epsilon toxin poisoning

Glanders

Plague

Q-fever

Ricin poisoning

Smallpox

Staphylococcal enterotoxin B poisoning

Tularemia

Viral hemorrhagic fevers (Ebola, Lassa, Marburg, etc)

Other Conditions

Animal bites

Coccidioidomycosis

Hansen's disease (leprosy)

Hemolytic uremic syndrome (HUS)

Histoplasmosis

Legionnellosis

Outbreaks and clusters (see section 1.15 herein)

Toxic Shock Syndrome

Transmissible spongioform encephalopathies (including Creutzfeldt Jakob Disease)

Unexplained deaths possibly due to unidentified infectious causes

Vancomycin resistant/intermediate *Staphylococcus aureus* (VRSA/VISA), noninvasive, or invasive.

Special Disease Surveillance Projects

3.2 Surveillance related to special projects (e.g., varicella, influenza, new and emerging disease threats, evaluation and validation projects related to surveillance) may be conducted from time-to-time in accordance with protocols issued by the Rhode Island Department of Health, Division of Disease Prevention and Control. Surveillance systems may be required to prepare for or respond to public health threats on an ad-hoc basis.

Section 4.0 Special Instructions for Persons Responsible for Reporting (excluding laboratories)

Special Instructions for Reporting Tuberculosis (all forms) Positive PPD Results

4.1 PPD/tuberculin test results interpreted as positive on children at any time before their sixth birthday shall be reported by those persons charged with reporting (cited in section 2.1 herein) within four (4) days of the test being read.

Special Instructions for Reporting of Acquired Immunodeficiency Syndrome Cases (AIDS/HIV)

- 4.2 Persons with a laboratory test diagnostic of HIV infection shall be reported by those persons charged with reporting (cited in section 2.1 herein). Such HIV infection shall be reported using the Department's non-name reporting system. Said This system includes reporting using a unique identifier code. This code shall consist of:
 - the first two (2) letters of the first name;
 - the number of letters in the last name;
 - the patient's sex (1 = Male, 2=Female);
 - the patient's date of birth (month/day/year);
 - the last four (4) digits of the patient's social security number;
 - the patient's zip code of residence.
- 4.3 AIDS cases (HIV positive persons with AIDS-defining conditions as outlined in the Appendix of the most recent version of the CDC guidelines entitled, (*Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome*) shall be reported by name, within two (2) weeks of diagnosis, to the Office of HIV & AIDS, Surveillance Unit. This includes persons with a CD4+ T-lymophocyte count less than 200 cells/uL or a CD4+ lymphocyte percent less than fourteen percent (14%) of total lymphocytes.
- HIV-1 and HIV-2 cases shall be reported on the most recent version of the AIDS/HIV Case Report form, within two (2) weeks of diagnosis. Said This form shall be mailed in the a stamped, self-addressed envelope marked "CONFIDENTIAL" and clearly addressed to provided by the Office of HIV & AIDS Surveillance Unit.

Special Instructions for Reporting Sexually Transmitted Diseases (STDs)

4.5 Physicians must report gonorrhea, chlamydia and syphilis with details of treatment and partner notification activities on the Confidential Report for Sexually Transmitted Diseases form.

Section 5.0 Reporting by Laboratories

- Whenever a clinical laboratory performs tests or has the sample(s) tested out of state for those diseases cited in section 3.1 above, the laboratory shall submit to the Division of Disease Prevention and Control all positive findings. The report shall consist of a copy of the laboratory findings submitted to the physician or other licensed health care professional who ordered the test. This report shall indicate the name of the case (except in the case of HIV test results), address of the case's residence, gender, date of birth, or if unavailable, age, telephone number, attending physician's name, and race and ethnicity of the case. (See reference 17 herein).
- 5.2 All laboratories must send an isolate, culture, slide or other appropriate specimen to the State Laboratory in accordance with the requirements of the most current version of the *Rhode Island Epidemiology and Laboratory Reporting and Surveillance Manual* issued by the Division of Disease Prevention and Control and Division of Laboratories.

Laboratory Testing and Reporting for Agents of Bioterrorism

- 5.3 Clinical laboratories receiving biological samples or specimens that are suspected agents of bioterrorism, even if a bioterrorist event is not suspected, shall submit such samples to the State Health Laboratory for analysis.
- <u>Clinical laboratories that receive biological samples or specimens that are suspected agents of bioterrorism shall immediately report such receipt to the Department's Office of Communicable Disease by telephone. If the specimen is received after normal Department business hours, the Department's after-hours on-call physician shall be so informed.</u>

Laboratory Reporting of Cultures for Tuberculosis

- 5.3 5.5 Clinical laboratories receiving biological samples or specimens for the purposes of tuberculosis testing must submit a portion of the specimen to the State Health Laboratory for analysis. Such specimens may be split to allow a portion to be analyzed at the clinical laboratory. This requirement is waived for a licensed hospital laboratory, provided a written memorandum of agreement is in place between the State Laboratory and the hospital laboratory.
- 5.4 5.6 A clinical laboratory performing AFB smears and/or cultures and sensitivities, or having the samples tested out of state, shall report positive results to the Division of Disease Prevention and Control, Department of Health. Positive culture results must be accompanied by all prior AFB smear results associated with the current episode of illness on the individual whether positive and negative.

HIV Testing and Reporting by Clinical Laboratories

5.5 Something 5.7 Non-hospital clinical laboratories receiving serum specimens for the purposes of HIV antibody testing must submit a portion of the specimen to the State Health Laboratory for analysis. Such specimens may be split to allow a portion to be analyzed at the clinical laboratory.—This requirement is waived for a hospital laboratory, provided

testing is done at the hospital laboratory. This requirement is also waived when the specimens are analyzed for the sole purpose of assuring the safety of the blood supply or for strictly research purposes.

- 5.6 Clinical laboratories performing CD-4 lymphocyte counts or having the samples tested out of state, shall report counts less than 200/uL, or less than fourteen percent (14%) of the total lymphocytes by name directly to the Office of HIV & AIDS Surveillance Unit, Department of Health.
- 5.7 5.9 All licensed laboratories receiving and testing biological specimens for the purposes of HIV/AIDS testing shall report positive results to the Office of HIV & AIDS, regardless of the testing method being used.

PART III Other Diseases

Section 6.0 *Childhood Lead Poisoning* (Under age 18: ≥ 15 ug/dl)

- 6.1 Reporting of all childhood blood lead levels shall be accomplished by using confidential morbidity cards mailed by the attending physician or other persons charged with reporting (cited in section 2.1 herein) directly to the Division of Family Health, RI Department of Health, by first class mail. (Morbidity report cards are supplied by the Department of Health.)
- 6.2 Each physician licensed in Rhode Island and any employee of a licensed, registered, or approved health care facility working under the auspices of or in collaboration with a physician, making the diagnosis of childhood lead poisoning shall report such diagnosis within ten (10) business days of the diagnosis.
- 6.3 Physicians or other persons charged with reporting (cited in section 2.1 herein) using the State Laboratory shall be exempt from this reporting requirement.

Reporting of Cases of Childhood Lead Poisoning

- Any physician or employee of a licensed health care facility acting within the scope of his/her practice in making the diagnosis of childhood lead poisoning shall report such diagnosis to the Department within ten (10) business days using a form approved by the Department or by any other reporting method approved by the Department.
- <u>6.2</u> <u>Utilization of the Department Laboratory shall constitute compliance with these reporting requirements.</u>

Reporting by Laboratories:

6.4 6.3 Whenever a laboratory performs tests or has the <u>blood lead diagnostic</u> sample(s) tested out-of-state for childhood lead_poisoning, the laboratory shall submit to the Division of Family Health all positive and negative findings. If submitted electronically, these reports shall be in accordance with Rhode Island Department of Health standards for electronic reporting of blood lead results.

Section 7.0 *Occupational Diseases*

- 7.1 Every physician licensed pursuant to the provisions of Chapter 5-37 or other person charged with reporting (cited in section 2.1 herein) attending on or called in to visit a patient whom he/she believes to be suffering from the following occupational diseases shall report such occurrences to the Rhode Island Department of Health.
 - 7.1.1 Diseases diagnosed as being related to occupational exposures to any of the following substances:
 - arsenic
 - cadmium
 - carbon monoxide
 - lead (defined as > 25 ug/dl)
 - mercury

- 7.1.2 Any of the following occupational diseases:
 - metal fume fever
 - simple asphyxiation
 - silicosis
- 7.2 Whenever a laboratory performs an analysis for, or has a blood sample tested out-of-state for a blood lead level in a person age sixteen (16) or over, the laboratory shall submit to the Office of Occupational and Radiological Health all results. The report, which shall be submitted electronically or in hard copy, shall consist of a copy of the laboratory result submitted to the physician or other person charged with reporting (cited in section 2.1 herein) who ordered the test.

Occupational Disease Reporting

- 7.3 The physician, or other person charged with reporting (cited in section 2.1 herein), immediately on being called in to visit a patient with carbon monoxide intoxication or simple asphyxiation and within thirty (30) days of attending on or being called in to visit a patient with any illness or condition specified in section 7.1 shall report the following information to the Office of Occupational and Radiological Health, Rhode Island Department of Health:
 - a) Name, address, phone number and occupation of patient;
 - b) Name, address, phone number and business of employer;
 - c) Nature of disease;
 - d) Such other information as may be reasonably required by the Department of Health;
 - e) Name and phone number of the reporting physician or other person charged with reporting (cited in section 2.1 herein).
- 7.4 The Department of Health shall prepare and furnish standard schedule blanks for the reports required in this section.

Section 8.0 Asbestos-Related Disease

Responsibility for Reporting

- 8.1 Any physician, facility administrator or other person charged with reporting (cited in section 2.1 herein) associated with making the diagnosis of mesothelioma, asbestosis, or any other asbestos-related disease, other than benign conditions of the pleura, shall report the disease to the Director of Health within six (6) months of the diagnosis.
- 8.2 The physician or licensed medical facility involved shall also inform the patient or patient's next-of-kin in a dated letter by first-class mail of the suspected role of asbestos as it relates to the patient's condition.
- 8.3 Reporting of asbestos-related diseases, such as asbestosis or any illness or disease suspected as being due to asbestos exposure, other than benign conditions of the pleura, shall be accomplished through the use of confidential reports of occupational disease, which shall be mailed directly by the attending physician or licensed health care facility to the Office of

Occupational and Radiological Health of the Rhode Island Department of Health. The asbestos-related disease, mesothelioma, is also reportable under the provisions of the *Rules and Regulations Pertaining to the Rhode Island Cancer Registry (R-23-12-CA)*.

8.4 Such reports of occupational disease are supplied by the Office of Occupational and Radiological Health of the Rhode Island Department of Health.

PART IV Confidentiality and Severability

Section 9.0 *Confidentiality*

9.1 All information and reports relative to testing and reporting of reportable diseases shall be confidential and subject to the provisions of all laws governing the confidentiality of this information including, but not limited to, Chapters 23-6, 23-11 and 5-37.3 of the General Laws of Rhode Island, as amended.

Section 10.0 Severability

10.1 If any provisions of these rules and regulations or the application thereof to any persons or circumstances shall be held invalid, such invalidity shall not affect the provisions which can be given effect, and to this end the provisions of the rules and regulations are declared severable.

Tuesday, October 04, 2005 disease reporting-proposed-october 05.doc

REFERENCES

- 1. Rules and Regulations for Asbestos Control (R23-24.5-ASB), Rhode Island Department of Health, Division of Occupational and Radiological Health, December 1996 and subsequent amendments thereto.
- 2. Rules and Regulations Pertaining to HIV-1 Counseling, Testing, Reporting, and Confidentiality (R23-6-HIV-1), Rhode Island Department of Health, September 2001 and subsequent amendments thereto.
- 3. Rules and Regulations Pertaining to the Rhode Island Cancer Registry (R23-12-CA), Rhode Island Department of Health, December 1997 and subsequent amendments thereto.
- 4. Rhode Island General Laws, as amended, sections 23-6-25 ("Alternative Test Sites"); 23-17-31 ("Human Immunodeficiency Virus [HIV] Testing--Hospitals"); 23-11-17 ("Human Immunodeficiency Virus [HIV] Testing"); 23-13-19 ("Human Immunodeficiency Virus [HIV] Testing"); 40.1-24-20 ("Human Immunodeficiency Virus [HIV] Testing--Facilities for Drug Abusers"); 11-34-10 ("Human Immunodeficiency Virus [HIV] Testing"); 21-28-4.20 ("Human Immunodeficiency Virus [HIV] Testing"); and 28-20-4.1 ("Adoption of Regulations Pertaining to HIV and Hepatitis").
- 5. "Confidentiality of Health Care Communications and Information Act," Chapter 5-37.3 of the General Laws of Rhode Island, as amended.
- 6. "Board of Medical Licensure and Discipline", Chapter 5-37 of the Rhode Island General Laws, as amended.
- 7. Rules and Regulations for the Licensure and Discipline of Physicians (R5-37-MD/DO), Rhode Island Department of Health, January 2000 October 2004 and subsequent amendments thereto.
- 8. "Laboratories", Chapter 23-16.2 of the Rhode Island General Laws, as amended.
- 9. Rules and Regulations for Licensing Clinical Laboratories and Stations (R23-16.2-C&S/LAB), Rhode Island Department of Health, November 2000 and subsequent amendments thereto.
- 10. "Nurses", Chapter 5-34 of the Rhode Island General Laws, as amended.
- 11. Rules and Regulations for the Licensing of Professional (Registered), Certified Registered Nurse Practitioners, Certified Registered Nurse Anesthetists & Practical Nurses & Standards for the Approval of Basic Nursing Education Programs (R5-34-NUR/ED), Rhode Island Department of Health, September 2001 December 2004 and subsequent amendments thereto.
- 12. Rules and Regulations for Licensing of Midwives (R23-13-MID), Rhode Island Department of Health, November 2001 and subsequent amendments thereto.
- 13. "Physician Assistants", Chapter 5-54 of the Rhode Island General Laws, as amended.

- 14. Rules and Regulations for the Licensure of Physician Assistants (R5-54-PA), Rhode Island Department of Health, November 2001, and subsequent amendments thereto.
- 15. "Licensing of Health Care Facilities", Chapter 23-17 of the Rhode Island General Laws, as amended.
- 16. CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome (see Appendix page 29), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Review (MMWR), December 10, 1999, vol. 48/No. RR-13. Available online: ftp://ftp.cdc.gov/pub/publications/mmwr/rr/rr4813.pdf.
- 17. Office of Minority Health and Office of Health Statistics. *Policy for Maintaining, Collecting, and Presenting Data on Race and Ethnicity*. Providence, RI: Rhode Island Department of Health. July 2000.



RHODE ISLAND DEPARTMENT OF HEALTH DIVISION OF DISEASE PREVENTION AND CONTROL OFFICE OF COMMUNICABLE DISEASE GUIDELINES FOR COMMUNICABLE DISEASE PREVENTION AND CONTROL

Version 1: 9/30/02 Version 2: 10/03/05

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• For every organism listed below the public health responsibilities include to conduct public health surveillance to monitor disease trends, and identify outbreaks/clusters. When outbreaks/clusters are identified, conduct epidemiologic investigation and implement prevention and control measures.

Report all cases to Office of Communicable Disease (401-222-2577) unless otherwise noted.

INVASIVE DISEASE			
Disease	Medical Provider Responsibility Public Health Responsibil		
Agent			
Encephalitis (primary, including arboviral, or parainfectious) CDC: http://www.cdc.gov/ncidod/dvbid/arbor/index.htm	 Report every case immediately upon diagnosis or strong clinical suspicion. Order arboviral testing to State Laboratory; all other tests go to commercial labs. 	 Conduct epidemiological investigation to determine environmental exposure and recommend environmental controls. Case-manage lab specimens for arboviral testing (acute and convalescent). Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR). 	
Haemophilus influenzae invasive disease (all serotypes) Haemophilus influenzae CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/haeminfluserob_t.htm	 Report within four days. Report vaccination status of patient for type b (Hib), only. 	 Conduct surveillance through chart review to monitor disease trends. Retrieve isolates for typing. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 	
Listeriosis Listeria monocytogenes CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm	 Report within four days. Physician should remind testing lab to send isolate to State Laboratory. 	 Conduct patient interview to identify environmental source. Conduct surveillance/retrieve isolates. Counsel regarding nature of disease. Perform PFGE testing on isolates. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 	

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Guidelines for Communicable Disease Prevention and Control

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INVASIVE DISEASE (continued)			
Disease Agent	Medical Provider Responsibility	Public Health Responsibility	
Meningitis (aseptic, bacterial, viral or fungal) CDC: http://www.cdc.gov/ncidod/diseases/submenus/submeningitis.htm	Report within four days.	 Conduct surveillance through chart review to monitor disease trends. Retrieve isolates for specific organisms. 	
Meningococcal disease Neisseria meningitides RI DOH: http://www.health.ri.gov/disease/communicable/meningitis.php CDC: http://www.cdc.gov/ncidod/diseases/submenus/submeningitis.htm	 Report every case immediately upon diagnosis or strong clinical suspicion. Report meningococcal vaccine vaccination status of patient. Physician should remind testing lab to send isolate to State Laboratory. 	 Conduct epidemiological investigation. Identify close contacts and coordinate administration of prophylaxis. Retrieve isolates for serogrouping. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 	
Group A streptococcal invasive disease (Group A Beta Hemolytic Strep, including Necrotizing Fasciitis and Toxic Shock Syndrome) Streptococcus pyogenes RI DOH: http://www.health.ri.gov/disease/communicable/gas .php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/group astreptococcal_g.htm	Report within four days.	 Conduct surveillance through chart review to monitor disease trends. Retrieve isolates. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 	
Group B streptococcal invasive disease (Group B Strep) Streptococcus agalactiae RI DOH: http://www.health.ri.gov/disease/communicable/gbs .php CDC: http://www.cdc.gov/groupbstrep/	Report within four days.	Conduct surveillance through chart review to monitor disease trends.	
INVASIVE DISEASE (continued)			

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Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Pneumococcal invasive disease Streptococcus pneumoniae	 Report within four days. For patients aged 0-59 months, report pneumococcal vaccine vaccination status. For patient aged 0-59 months, physician should remind testing lab to send isolate to State 	 Conduct surveillance through chart review to monitor disease trends. Retrieve isolates for serotyping on potential vaccine failures among cases aged 0-59 months.
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/streppneum_t.htm	Laboratory.	 3) Assure drug susceptibility testing is performed according to standards. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Streptococcal Toxic Shock Streptococcus pyogenes CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/group astreptococcal t.htm	Report within four days.	 Conduct surveillance through chart review to monitor disease trends. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Toxic Shock Syndrome CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/toxics hock t.htm	Report within four days.	 Conduct surveillance through chart review to monitor disease trends. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Vancomycin resistant enterococcal infection (VRE, invasive only) CDC: http://www.cdc.gov/ncidod/hip/ARESIST/vre.htm	Report within four days.	Conduct surveillance through chart review to monitor disease trends.
Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA) infection CDC: http://www.cdc.gov/ncidod/hip/vanco/VANCO.HT M	Report every case immediately upon diagnosis.	Perform confirmatory testing on isolate. Conduct epidemiological investigation.

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VECTORBORNE AND ZOONOTIC DISEASES			
Disease	Medical Provider Responsibility	Public Health Responsibility	
Agent			
Babesiosis	1) Report within four days.	1) Conduct surveillance through chart review	
Babesia sp.	2) Order transfer of stained slides to State Laboratory.	to monitor disease trends.	
		2) Case manage the transfer of stained slides to	
RI DOH:		State Laboratory.	
http://www.health.ri.gov/disease/communicable/bab		3) Mail educational material on prevention of	
esiosis.php		disease.	
CDC: http://www.cdc.gov/ncidod/dpd/parasites/babesia/d			
efault.htm			
Dengue fever	Report within four days.	Conduct surveillance through chart review.	
Deligue level	Report within rour days.	Conduct survemance unough chart review.	
CDC:			
http://www.cdc.gov/ncidod/diseases/submenus/sub			
dengue.htm			
Ehrlichiosis	Report within four days.	1) Conduct surveillance through chart review	
Ehrlichia species		to monitor disease trends.	
		2) Mail educational material on prevention of	
RI DOH:		disease.	
http://www.health.ri.gov/disease/communicable/ehr		3) Transmit surveillance data weekly to	
lichiosis.php		Centers for Disease Control and Prevention	
CDC:		(CDC) for inclusion in the Morbidity and	
http://www.cdc.gov/ncidod/dvrd/ehrlichia/Index.ht		Mortality Weekly Report (MMWR).	
Hantavirus Pulmonary Syndrome	1) Report every case immediately upon diagnosis or	Conduct epidemiological investigation to	
Hantavirus Hantavirus	strong clinical suspicion.	detect environmental source.	
11mmvn m	2) Order all tests to State Laboratory; do not use	2) Case manage lab specimens.	
CDC:	commercial laboratories.	3) Transmit surveillance data weekly to CDC	
http://www.cdc.gov/ncidod/diseases/hanta/hps/inde	Commercial Internation	for inclusion in the MMWR.	
<u>x.htm</u>		for inclusion in the wife wit.	
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Medical Provider Responsibility	Public Health Responsibility
Report within four days.	1) Conduct epidemiological investigation to
	detect environmental source.
	2) Case manage lab specimens.
1) Depart in sident aggressivithin form days of discussion	1) Conduct surveillence to monitor disease
	Conduct surveillance to monitor disease tender
	trends.
	2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
	Tot iliciusion in the Mivi w K.
^	
	1) Conduct surveillance through chart review.
2) Order transfer of stained slides to State Laboratory.	2) Case manage transfer of stained slides to
	State Laboratory.
	3) Mail educational material on prevention of
	disease.
	4) Transmit surveillance data weekly to CDC
Donast within form days	for inclusion in the MMWR.
Report within four days.	1) Conduct surveillance through chart review.
	2) If outbreak, determine environmental
	source. 3) Transmit surveillance data weekly to CDC
	for inclusion in the MMWR.
	TOT INCLUSION IN THE IMPLY WIX.
	Report within four days. 1) Report incident cases within four days of diagnosis on a Lyme disease case report form. 2) Report cases with new onset of symptoms and Western Blot positive, or erythema migrans > 5 cm alone 3) Order a two-step laboratory test; specify that a Western blot should be done whenever an ELISA is positive. 1) Report within four days. 2) Order transfer of stained slides to State Laboratory.

VECTORBORNE AND ZOONOTIC DISEASES (continued)			
Disease	Medical Provider Responsibility	Public Health Responsibility	
Agent			
Rabies-Human	1) Report every case immediately upon diagnosis or	1) Case manage lab specimens.	
Rabies virus	strong clinical suspicion.	2) Conduct epidemiological investigation to	
DI DOH.	2) Order all tests to State Laboratory; do not use	identify contacts.	
RI DOH: http://www.health.ri.gov/disease/communicable/rab	commercial laboratories.	3) Provide post-exposure prophylaxis for	
ies/index.php	3) Consult with State Laboratory on specimen	contacts.	
	collection and handling.	4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.	
CDC: http://www.cdc.gov/ncidod/dvrd/rabies/			
Rocky Mountain spotted fever	1) Report within four days.	1) Conduct surveillance through chart review.	
Rickettsia rickettsii	2) Consult with State Laboratory of diagnostic testing.	2) Case manage lab specimens.	
RI DOH:		3) Transmit surveillance data weekly to CDC	
http://www.health.ri.gov/disease/communicable/rms		for inclusion in the MMWR.	
f.php			
CDC:			
http://www.cdc.gov/ncidod/dvrd/rmsf/index.htm			
Trichinosis	Report within four days.	1) Conduct epidemiological investigation.	
Trichinella species		2) Transmit surveillance data weekly to CDC	
CDC:		for inclusion in the MMWR.	
http://www.cdc.gov/ncidod/dpd/parasites/trichinosis/default.htm			
Yellow fever	Report immediately upon diagnosis or strong clinical	1) Conduct epidemiological investigation.	
	suspicion.	2) Transmit surveillance data weekly to CDC	
CDD:		for inclusion in the MMWR.	
http://www.cdc.gov/ncidod/dvbid/yellowfever/index.htm			
X.HUII			

ENTERIC DISEASES				
Disease	Medical Provider Responsibility	Public Health Responsibility		
Agent				
Amebiasis	1) Report within four days.	1) Conduct patient interview to identify		
Entamoeba histolytica	2) Treat known carriers.	exposure, and recent travel history.		
		2) Determine if case is in a high-risk setting		
		(attends or works at a daycare facility,		
		provides direct patient care, and/or is a		
		foodhandler). 3) If case has active diarrhea, exclude from		
		high-risk setting until diarrhea has resolved.		
RI DOH:		After diarrhea has resolved, case may return		
http://www.health.ri.gov/disease/communicable/am		to work or day care.		
ebiasis.php		4) Counsel case on proper hand washing and		
CDC: http://www.cdc.gov/ncidod/dpd/parasites/amebiasis		food handling practices.		
/default.htm		5) Mail educational materials on proper hand		
		washing and safe food handling practices.		
Botulism	Report every case immediately upon diagnosis or strong	1) Assist medical providers in case		
Clostridium botulinum	clinical suspicion, for consultation regarding eligibility	management, and laboratory testing at CDC		
	for testing at CDC.	labs.		
		2) If indicated, procure anti-toxin from CDC.3) Conduct surveillance/ outbreak detection.		
CDC:		4) Coordinate activities with Office of Food		
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/botuli		Protection.		
sm_g.htm		5) Transmit surveillance data weekly to		
		Centers for Disease Control and Prevention		
		(CDC) for inclusion in the Morbidity and		
		Mortality Weekly Report (MMWR).		

ENTERIC DISEASES				
Disease	Medical Provider Responsibility	Public Health Responsibility		
Agent				
Campylobacter species	 Report within four days. Determine if patient is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 	 Conduct surveillance (patient interview not conducted) to monitor disease trends. Mail educational material on proper hand washing and safe food handling practices. 		
http://www.health.ri.gov/disease/communicable/campylobacteriosis.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/campylobacter_g.htm	 3) If patient employed in high-risk setting, counsel on enteric precautions. 4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care. 			
Cholera	1) Report every case immediately upon diagnosis or	1) Conduct epidemiological investigation to		
Vibrio cholerae 01 or 0139	strong clinical suspicion.	detect environmental source/outbreaks.		
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/chole ra_g.htm	2) Physicians can consult State Laboratory, if needed.	2) Identify close contacts and if appropriate, coordinate administration of chemoprophylaxis (<i>V. cholerae</i> , only).		
Vibrio parahaemolyticus infection Vibrio parahaemolyticus CDC:		3) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).		
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/vibrio parahaemolyticus_g.htm Vibrio vulnificus infection		4) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care.		
Vibrio vulnificus CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/vibrio vulnificus g.htm		 5) Counsel case on proper hand washing and food handling practices. 6) Coordinate activities with Office of Food 		
		Protection. 7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.		

ENTERIC DISEASES (continued)				
Disease Agent	Medical Provider Responsibility	Public Health Responsibility		
Cryptosporidiosis Cryptosporidium parvum RI DOH: http://www.health.ri.gov/disease/communicable/cryptosporidiosis.php CDC: http://www.cdc.gov/ncidod/dpd/parasites/cryptosporidiosis/default.htm	Report within four days.	 Conduct patient interview to identify exposure, and recent travel history. Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. Counsel case on proper hand washing and food handling practices. Mail educational materials on proper hand washing and safe food handling practices. Conduct surveillance to monitor disease trends. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 		
Cyclospora cayetanensis CDC: http://www.cdc.gov/ncidod/dpd/parasites/cyclospora/default.htm	Report within four days. Physician can consult State Laboratory for ova and parasite testing.	 Conduct patient interview to identify exposure, and recent travel history. Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. Counsel case on proper hand washing and food handling practices. Mail educational materials on proper hand washing and safe food handling practices. Conduct surveillance to monitor disease trends. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 		

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ENTERIC DISEASES (continued)			
Disease	Medical Provider Responsibility	Public Health Responsibility	
Agent			
Enterohemorrhagic <i>E. coli</i> (EHEC) gastroenteritis	 Report within four days. Physician should remind testing laboratory to send 	1) Conduct patient interview to identify exposure, and recent travel history.	
Escherichia coli 0157: H7 or	isolate to State Laboratory.	2) Determine if case is in a high-risk setting (attends or works at a daycare facility,	
Enterohemorrhagic Escherichia coli shiga toxin+		provides direct patient care, and/or is a foodhandler).	
RI DOH:		3) If patient has active diarrhea, exclude from high-risk settings until diarrhea has	
http://www.health.ri.gov/disease/communicable/eco		resolved. After diarrhea has resolved, case may return to work or daycare only after	
CDC:		producing two consecutive negative stool cultures taken at least 24 hours apart and no	
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/escherichiacoli_g.htm		earlier than 48 hours after antibiotics are discontinued.	
		4) Counsel patient on proper hand washing and food handling practices.	
		5) Mail educational materials on proper hand washing and safe food handling practices.	
		6) Conduct surveillance to monitor disease trends.	
		7) Perform PFGE testing on isolates.	
		8) Transmit surveillance data weekly to CDC	
		for inclusion in the MMWR.	

ENTERIC DISEASES (continued)				
Disease	Medical Provider Responsibility	Public Health Responsibility		
Agent				
Giardiasis Giardia duodenalis (lamblia) RI DOH: http://www.health.ri.gov/disease/communicable/giardiasis.php CDC: http://www.cdc.gov/ncidod/dpd/parasites/giardiasis/	 Report within four days. Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). If patient employed in high-risk setting, counsel on enteric precautions. If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care. 	 Conduct surveillance (patient interview not conducted) to monitor disease trends. Mail educational material on proper hand washing and safe food handling practices. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 		
default.htm Hepatitis A Hepatitis A virus RI DOH: http://www.health.ri.gov/disease/communicable/hepa.php CDC: http://www.cdc.gov/ncidod/diseases/hepatitis/a/index.htm	Report every case (positive IgM and liver function tests) immediately upon diagnosis or strong clinical suspicion. Immune Globulin (IG) for contacts is made available through the Office of Communicable Diseases.	 Conduct patient interview to identify exposure, and recent travel history. Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). Coordinate administration of IG for exposed contacts (including mass immunization clinics). If patient has active diarrhea, exclude from high-risk employment settings until diarrhea has resolved or one week after onset of jaundice. Counsel on proper hand washing and food preparation. Conduct surveillance to monitor disease trends and detect outbreaks. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 		

ENTERIC DISEASES (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Disease Agent Ciguatera poisoning, Paralytic shellfish poisoning and Scombroid poisoning CDC: http://www.cdc.gov/nceh/ciguatera/default.htm Salmonellosis Salmonella specie RI DOH: http://www.health.ri.gov/disease/communicable/salmonellosis.php CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salmonellosis_g.htm Shigellosis Shigella species RI DOH: http://www.health.ri.gov/disease/communicable/shigellosis.php		Public Health Responsibility 1) Conduct patient interview to identify environmental source. 2) Conduct surveillance/outbreak detection. 3) Coordinate activities with Office of Food Protection/FDA (tracebacks). 1) Conduct surveillance to monitor disease trends and detect outbreaks. 2) Mail educational material on proper hand washing and safe food handling practices. 3) Perform PFGE testing on isolates. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR. 1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/shigel losis_g.htm		 If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care. Counsel case on proper hand washing and food handling practices. Mail educational materials on proper hand washing and safe food handling practices. Conduct surveillance to monitor disease trends and detect outbreaks. Perform PFGE testing on isolates. Transmit surveillance data weekly to CDC for inclusion in the MMWR.

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ENTERIC DISEASES (continued)		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Typhoid fever	Report every case immediately upon diagnosis or strong	1) Conduct patient interview to identify
	clinical suspicion.	exposure, and recent travel history.
Salmonella typhi		2) Determine if case is involved in a high-risk
		setting (attends or works at a daycare
CDC:		facility, provides direct patient care, and/or
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm		is a foodhandler).
<u>idiever_g.nun</u>		3) Foodhandlers, daycare attendee or workers,
		and health care workers must be excluded
		from high risk setting.
		4) To return to work or daycare: case must
		produce not fewer than 3 consecutive
		negative cultures of feces taken at least 24
		hours apart and at least 48 hours after any
		antimicrobials, and not earlier than 1 month
		after onset; if any one of these are positive,
		repeat cultures at intervals of 1 month
		during the 12 months following onset until at least 3 negative cultures are obtained.
		5) Counsel case on proper hand washing and
		food handling practices.
		6) Obtain cultures on all household contacts.
		7) Transmit surveillance data weekly to CDC
		for inclusion in the MMWR.
Yersiniosis	1) Report within four days.	Conduct surveillance (patient interview not)
Yersinia spp.	2) Determine if patient is involved in a high-risk setting	conducted) to monitor disease trends.
	(attends or works at a daycare facility, provides	2) Mail educational material to individual on
CDC:	direct patient care, and/or is a foodhandler).	proper hand washing and food handling
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/yersi	3) If patient employed in high-risk setting, counsel on	techniques.
<u>nia_g.htm</u>	enteric precautions.	•
	4) If patient has active diarrhea, exclude from high-risk	
	setting until diarrhea has resolved. After diarrhea has	
	resolved, patient may return to work or day care.	

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TUBERCULOSIS		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Tuberculosis disease Mycobacterium tuberculosis and M. bovis RI DOH: http://www.health.ri.gov/disease/communicable/tb/index.php	 Obtain and complete a <i>Tuberculosis Reporting Form</i> and send to TB program within four days. Referral to the state TB Clinic (401-793-2427) for consultation is strongly recommended. Patient should be referred to TB program for directly observed therapy (DOT). 	 Conduct patient interview to identify and test household and all other contacts. Perform laboratory identification, culture and sensitivity testing. Administer DOT until completion of treatment is certified. Offer comprehensive social service support to patients on DOT.
CDC: http://www.cdc.gov/nchstp/tb/faqs/qa.htm	Note: By statute, all biological samples or specimens taken from Rhode Island residents for performing laboratory cultures for tuberculosis must be sent to the HEALTH Laboratory for analysis. Samples may be split with one portion to be sent to HEALTH Laboratory and the other portion sent to another appropriately credentialed laboratory. A waiver from this clause may be obtained by special application.	 5) Enforce quarantine regulations when necessary. 6) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Positive PPD in a child less than 6 years of age.	 Report to the TB program within four days. This event indicates exposure to an infectious case of active TB. Referral to the state TB Clinic (401-793-2427) for consultation is strongly recommended. 	 Conduct patient interview to identify and test household and all other contacts. Perform laboratory identification, culture and sensitivity testing. Administer DOT until completion of treatment is certified. Offer comprehensive social service support for DOT.

VACCINE PREVENTABLE DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Deaths resulting from complications of Varicella	Report within four days.	 Conduct surveillance through chart review to monitor disease trends. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Varicella (chickenpox)	Report cases of varicella within 4 days on varicella case report form	Conduct surveillance to monitor disease trends.
Varicella-zoster virus		Transmit surveillance data weekly to CDC for inclusion in the MMWR.
CDC: http://www.cdc.gov/nip/diseases/varicella/		
RI DOH:		
http://www.health.ri.gov/disease/communicable/chickenpox.php		
Diphtheria	Report every case to the Division of Family Health,	1) Conduct epidemiological investigation.
Corynebacterium diphtheriae	Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion.	 2) Identify close contacts, and coordinate screening of carriers, quarantine, and administration of prophylaxis. 3) Retrieve isolates.
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/diptheria_t.htm		4) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Hepatitis B surface antigen (HBsAg) positive	Report every case to the Perinatal Hepatitis B Program	Track infant to assure preventive
pregnant women	(222-2312) within four days of diagnosis.	vaccinations is received.
		2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Influenza Associated Pediatric Deaths Influenza virus	Report within four days	Conduct surveillance through chart review to validate report and monitor disease trends.
RI DOH: http://www.health.ri.gov/flu/index.php		2) Transmit surveillance data weekly to CDC for inclusion in the MMWR
CDC: http://www.cdc.gov/flu/		for inclusion in the ivity wax

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VACCINE PREVENTABLE DISEASES		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Influenza Associated Hospitalizations Influenza virus RI DOH: http://www.health.ri.gov/flu/index.php CDC: http://www.cdc.gov/flu/	Report weekly in aggregate, with names and demographic information throughout the year	 Review to monitor disease trends and feedback to stakeholders. Transmit surveillance data weekly to CDC for inclusion in the MMWR
Measles Measles virus RI DOH: http://www.health.ri.gov/disease/communicable/measles.php CDC: http://www.cdc.gov/nip/diseases/measles/default.htm	 Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion. All laboratory testing must be ordered to the State Laboratory. Advise patient to stay out of work or school until four days after onset of rash. 	 Conduct epidemiological investigation to determine exposure, travel history and identify close contacts. Implement control measures. Coordinate prophylactic vaccination/ IG administration. Case manage laboratory testing. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Mumps Mumps virus CDC: http://www.cdc.gov/nip/diseases/mumps/default.ht m RI DOH: http://www.health.ri.gov/disease/communicable/m umps.php	 Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) immediately upon diagnosis or strong clinical suspicion. Advise patient to stay out of work or school until nine days after onset of parotid swelling. 	 Conduct patient interview. Identify susceptible contacts and make recommendations for exclusion from work and school. Implement control measures. Case manage laboratory testing. Transmit surveillance data weekly to CDC for inclusion in the MMWR.

VACCINE PREVENTABLE DISEASES		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Pertussis	1) Report every case to the Division of Family Health,	1) Conduct patient interview and assure that all
Bordetella pertussis	Childhood Immunization Program (222-2312)	contacts have been identified and
GD C	immediately upon diagnosis or strong clinical	prophylaxed.
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/pertu	suspicion. 2) Isolate case at home (respiratory isolation, if	2) Assess immunization status of any identified close contacts under age 7
ssis t.htm	hospitalized) until five day of erythromycin treatment	(coordinate vaccination, if appropriate).
	is completed.	3) Case manage laboratory specimens.
RI DOH:	3) Administer 14 day course of erythromycin prophylaxis	4) Transmit surveillance data weekly to CDC
http://www.health.ri.gov/disease/communicable/pertussis.php	for household and other close contacts, regardless of	for inclusion in the MMWR.
	immunization status and age.	
Poliomyelitis	Report every case to the Division of Family Health,	1) Conduct epidemiological investigation to
Polio virus (wild or vaccine-strain)	Childhood Immunization Program (222-2312)	determine transmission source and
CDC: http://www.cdc.gov/nip/publications/pink/polio.pd	immediately upon diagnosis or strong clinical suspicion.	implement control measures.2) Transmit surveillance data weekly to CDC
f		for inclusion in the MMWR.
RI DOH:		for inclusion in the will wit.
http://www.health.ri.gov/disease/communicable/po		
Lio.php Rubella (German measles)	Report every acute case to the Division of Family Health,	Conduct epidemiological investigation to
Rubella virus	Childhood Immunization Program (222-2312)	determine transmission source and
Rubella vilas	immediately upon diagnosis or strong clinical suspicion.	implement control measures.
CDC:	aper angus or size in great angus or size in great and size in gre	2) Transmit surveillance data weekly to CDC
http://www.cdc.gov/ncidod/diseases/submenus/sub		for inclusion in the MMWR.
rubella.htm RI DOH:		
http://www.health.ri.gov/disease/communicable/ru		
bella.php		
Tetanus	Report every case to the Division of Family Health,	1) Conduct surveillance.
Clostridium tetani	Childhood Immunization Program (222-2312) within four days.	2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
CDC:	duys.	for metasion in the will wit.
http://www.cdc.gov/nip/diseases/tetanus/default.ht		
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BLOOD BORNE PATHOGENS		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Acquired Immunodeficiency Syndrome	Report all patients with AIDS diagnosis by name to the	Conduct surveillance to monitor morbidity
(AIDS)	HIV/AIDS Surveillance program on the HIV and AIDS	and mortality trends.
RI DOH: http://www.health.ri.gov/hiv/index.php	Reporting System (HARS) form within four days of disgnosis.	2) Maintain a registry.3) Transmit surveillance data to CDC for
integration integration in the state of the	uisgiiosis.	inclusion in the MMWR.
CDC: http://www.cdc.gov/hiv/		
HIV-1 or HIV-2 infection	1) Report all patients with a positive HIV test using the	Conduct surveillance to monitor disease
	unique identification code on a HARS form, within	trends.
Human immunodeficiency virus	four days of diagnosis. DO NOT REPORT NAMES .	2) Maintain a registry.
DI DOUL http://www.hoolth.mi.gov/hiv/indov.nhn	2) Physician must perform HIV counseling and testing in	
RI DOH: http://www.health.ri.gov/hiv/index.php	accordance with state regulations. 3) To access information on state sponsored HIV	
CDC: http://www.cdc.gov/hiv/	treatment or case management services call the	
	HIV/AIDS program number: 401-222 2320.	
Hepatitis B (acute infection)	1) Report within four days.	Conduct surveillance to monitor disease
Hepatitis B virus	2) Report liver function tests: AST, ALT, and bilirubin.	trends.
RI DOH:		2) Conduct patient interview to assess highrisk behaviors and counsel.
http://www.health.ri.gov/disease/communicable/st		3) Transmit data weekly to CDC for inclusion
d/hep-b.php		in Morbidity and Mortality Weekly Report
CDC:		(MMWR).
http://www.cdc.gov/ncidod/diseases/hepatitis/b/ind		
<u>ex.htm</u>		

BLOOD BORNE PATHOGENS		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Hepatitis C (acute infection)	1) Report within four days.	1) Conduct surveillance to monitor disease
Hepatitis C virus	2) Report liver function tests: AST, ALT, and bilirubin.	trends.
		2) Conduct patient interview to assess high-
RI DOH:		risk behaviors and counsel.
http://www.health.ri.gov/disease/communicable/he		3) Transmit data weekly to CDC for inclusion
<u>pc.php</u>		in Morbidity and Mortality Weekly Report
CDC:		(MMWR).
http://www.cdc.gov/ncidod/diseases/hepatitis/c/ind		
<u>ex.htm</u>		
Hepatitis D, E, and unspecified viral hepatitis	1) Report within four days.	1) Conduct surveillance to monitor disease trends.
(acute infection)	2) Report liver function tests: AST, ALT, and bilirubin.	2) Conduct patient interview to assess high-risk
		behaviors and counsel. 3) Transmit surveillance data weekly to CDC
Hepatitis D virus		for inclusion in the MMWR.
Hepatitis E virus		Tot includion in the 14114 W.C.
CDC: Hepatitis D		
http://www.cdc.gov/ncidod/diseases/hepatitis/d/ind		
ex.htm		
CDC: Hepatitis D		
http://www.cdc.gov/ncidod/diseases/hepatitis/e/index.htm		
<u>ex.nun</u>		

SEXUALLY TRANSMITTED DISEASES (STDs)		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Chancroid Haemophilus ducreyi	1) Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within	 Conduct surveillance. Conduct a patient interview, provide prevention counseling, identify partners of
Granuloma inguinale disease Calymmatobacterium granulomatis	four days. 2) Offer patient HIV counseling and testing.	all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to
Lymphogranuloma Venereum Chlamydia trachomatis	3) All sexual partners of patient need to be identified, evaluated, and treated.	Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
RI DOH: http://www.health.ri.gov/disease/communicable/st d/chancroid.php		
CDC: http://www.cdc.gov/ncidod/dastlr/gcdir/Index.html #HDlink		
Chlamydia genital infections	1) Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential"	Conduct surveillance to monitor disease trends.
Chlamydia trachomatis	Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing.	2) Conduct patient interview, provide prevention counseling, identify partners of cases ages 18 years and younger, refer for
RI DOH: http://www.health.ri.gov/disease/communicable/st d/chlamydia.php	3) All sexual partners [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated.	testing and treatment. NOTE: Case patients older than 18 will not receive this service.
CDC: http://www.cdc.gov/std/chlamydia/default.htm	Due to large caseloads, partner services from the Health Department are provided on a limited basis.	3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

SEXUALLY TRANSMITTED DISEASES (STDs)		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Gonorrhea Neisseria gonorrhoeae	 Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. Offer patient HIV counseling and testing. 	 Conduct surveillance. Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. Transmit surveillance data weekly to CDC
RI DOH: http://www.health.ri.gov/disease/communicable/st d/gonorrhea.php CDC: http://www.cdc.gov/nchstp/dstd/GonorrheaInfo.ht m	3) All sexual partners [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. Due to large caseloads, partner services from the Health Department are provided in the Greater Providence area only.	for inclusion in the MMWR.
Pelvic Inflammatory Disease RI DOH: http://www.health.ri.gov/disease/communicable/st d/pid.php CDC: http://www.cdc.gov/std/PID/STDFact- PID.htm	 Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. Offer patient HIV counseling and testing. 	 Conduct surveillance. Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Syphilis, late latent (non-infectious) Treponema pallidum RI DOH: http://www.health.ri.gov/disease/communicable/std/syphilis.php CDC: http://www.cdc.gov/std/syphilis/default.htm	 Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. Offer patient HIV counseling and testing. For information on past titers and treatment, contact the STD Program Syphilis registry (phone: 401-222-2577). 	Conduct surveillance. Maintain a registry. Transmit surveillance data weekly to CDC for inclusion in the MMWR.

SEXUALLY TRANSMITTED DISEASES (STDs)		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Syphilis: primary, secondary, latent (infectious) RI DOH: http://www.health.ri.gov/disease/communicable/std/syphilis.php CDC: http://www.cdc.gov/std/syphilis/default.htm	 Report to STD program by phone (401-222-2577), fax (401-222-1105), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form .immediately. Offer patient HIV counseling and testing. All sexual contacts [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. The time periods before treatment used for identifying at-risk sex partners are 3 months plus duration of symptoms for primary syphilis, 6 months plus duration of symptoms for secondary syphilis, and 1 year for early latent syphilis. 	Conduct surveillance. Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. Transmit surveillance data weekly to CDC for inclusion in the MoMWR.

AGENTS OF BIOTERRORISM		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Anthrax	1) ID consultation is recommended.	1) Conduct epidemiological investigation to
Bacillus anthracis	2) Report every case immediately upon diagnosis or	detect environmental source.
	strong clinical suspicion. 3) Blood, cerebrospinal fluid [CSF], and specimens taken	2) Retrieve isolates of <i>Bacillus species</i> for confirmatory testing.
	from cutaneous lesions should be sent to hospital	3) Implement HEALTH Bioterrorism
RI DOH:	microbiology laboratories for culture. Alert laboratory	protocols and procedures, if appropriate.
http://www.health.ri.gov/environment/biot/anthrax/	of suspicion of anthrax diagnosis.	4) Recommend chemoprophylaxis for persons
anthrax info.php#pub	Note: nasal swabs are not a diagnostic test.	at risk, if appropriate.
CDC:	4) Further testing is available- contact State Laboratory	5) Transmit surveillance data weekly to
http://www.bt.cdc.gov/agent/anthrax/index.asp	for consultation; do not use commercial laboratories.	Centers for Disease Control and Prevention
		(CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Botulism	ID consultation is recommended.	Assist medical providers in case
Clostridium botulinum	2) Report every case immediately upon diagnosis or	management, and laboratory testing at CDC
	strong clinical suspicion, for consultation regarding	labs.
DIDON	laboratory testing.	2) If indicated, procure anti-toxin from CDC.
RI DOH: http://www.health.ri.gov/environment/biot/botulis		3) Conduct surveillance/ outbreak detection.4) Coordinate activities with Office of Food
m public.php		4) Coordinate activities with Office of Food Protection.
		5) Transmit surveillance data weekly to CDC
CDC:		for inclusion in the MMWR.
http://www.bt.cdc.gov/agent/botulism/index.asp		
Brucellosis	1) ID consultation is recommended.	1) Conduct epidemiological investigation to
Brucella species	2) Report every case immediately upon diagnosis or	detect environmental source.
	strong clinical suspicion.	2) Case manage lab specimens.
CDC.	3) Contact hospital microbiology laboratory for specimen	3) Implement HEALTH Bioterrorism
CDC: http://www.cdc.gov/ncidod/diseases/submenus/sub	collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert	protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis
brucellosis.htm	laboratory of suspicion of brucellosis diagnosis.	of persons at risk if appropriate.
	4) Further testing is available- contact State Laboratory	5) Transmit surveillance data weekly to CDC
	for consultation; do not use commercial laboratories.	for inclusion in the MMWR.

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AGENTS OF BIOTERRORISM (continued)		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Clostridium perfringens epsilon toxin poisoning	 Report every case immediately upon diagnosis or strong clinical suspicion. Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories. 	 Conduct epidemiological investigation to detect environmental source. Case manage lab specimens. Implement HEALTH Bioterrorism protocols and procedures, if appropriate. Recommend treatment; chemoprophylaxis of persons at risk if appropriate. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Glanders Burkholderia mallei	 ID consultation is recommended. Report every case immediately upon diagnosis or strong clinical suspicion. Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories. 	 Conduct epidemiological investigation to detect environmental source. Case manage lab specimens. Implement HEALTH Bioterrorism protocols and procedures, if appropriate. Recommend treatment; chemoprophylaxis of persons at risk if appropriate. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Plague Yersinia pestis	 ID consultation is recommended. Report every case immediately upon diagnosis or strong clinical suspicion. Contact hospital microbiology laboratory for specimen 	 Conduct epidemiological investigation to detect environmental source. Case manage lab specimens. Implement HEALTH Bioterrorism
RI DOH: http://www.health.ri.gov/environment/biot/plague_public.php CDC: http://www.bt.cdc.gov/agent/plague/	collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of plague diagnosis. 4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.	protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

AGENTS OF BIOTERRORISM (continued)			
Disease	Medical Provider Responsibility	Public Health Responsibility	
Agent			
Q fever	 ID consultation is recommended. Report every case immediately upon diagnosis or 	Conduct epidemiological investigation to detect environmental source.	
Coxiella burnetti	strong clinical suspicion.	2) Case manage lab specimens.	
	3) Consult with State Laboratory for guidance on	3) Implement HEALTH Bioterrorism	
CDC:	specimen collection and testing; do not use commercial laboratories.	protocols and procedures, if appropriate.	
http://www.cdc.gov/ncidod/dvrd/qfever/index.htm	laboratories.	4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate.	
		5) Transmit surveillance data weekly to CDC	
		for inclusion in the MMWR.	
Ricin poisoning	Report every case immediately upon diagnosis or strong	Extensive public health response per State plan.	
RI DOH:	clinical suspicion.		
http://www.health.ri.gov/environment/biot/ricin_p ublic.php			
CDC: http://www.bt.cdc.gov/agent/ricin/			
Smallpox	1) Report every case immediately upon diagnosis or	Extensive public health response per State plan.	
Variola virus RI DOH:	strong clinical suspicion.		
http://www.health.ri.gov/environment/biot/smallpo	2) Alert Hospital Infection Control officer immediately to activate Hospital Response Plan.		
x/smallpoxprepare.php	3) Consult with State Laboratory for guidance on		
	specimen collection and testing; do not use commercial		
CDC: http://www.bt.cdc.gov/agent/smallpox/	laboratories.		
Staphylococcal enterotoxin B poisoning	1) Report every case immediately upon diagnosis or	Extensive public health response per State plan.	
	strong clinical suspicion.		
	2) Consult with State Laboratory for guidance on		
	specimen collection and testing; do not use commercial laboratories.		
	14001401100.		

AGENTS OF BIOTERRORISM (continued)		
Disease	Medical Provider Responsibility	Public Health Responsibility
Agent		
Tularemia	1) Report every case immediately upon diagnosis or	1) Conduct epidemiological investigation to
Francisella tularensis	strong clinical suspicion.	detect environmental source.
	2) Contact hospital microbiology laboratory for specimen	2) Case manage lab specimens.
	collection guidance. Specimens should be sent to	3) Implement HEALTH Bioterrorism
	hospital microbiology laboratories for culture. Alert	protocols and procedures, if appropriate.
	laboratory of suspicion of tularemia diagnosis.	4) Recommend treatment; chemoprophylaxis
CDC: http://www.bt.cdc.gov/agent/tularemia/	3) Further testing is available- contact State Laboratory	of persons at risk if appropriate.
	for consultation; do not use commercial laboratories.	5) Transmit surveillance data weekly to CDC
		for inclusion in the MMWR.
Viral hemorrhagic fevers (Ebola, Lassa,	1) Report every case immediately upon diagnosis or	1) Conduct epidemiological investigation to
Marburg, etc)	strong clinical suspicion.	detect exposure.
- '	2) Consult with State Laboratory for guidance on	2) Case manage lab specimens.
	specimen collection and testing; do not use commercial	3) Implement HEALTH Bioterrorism
CDC: http://www.bt.cdc.gov/agent/vhf/	laboratories.	protocols and procedures, if appropriate.

OTHER CONDITIONS			
Disease	Medical Provider Responsibility	Public Health Responsibility	
Agent			
Animal bites RI DOH: http://www.health.ri.gov/disease/communicable/rabies/index.php CDC: http://www.cdc.gov/healthypets/	Report every animal to human bite and any other potential rabies exposures immediately (see rabies guidelines).	 Case-manage all potential rabies exposures to humans. Conduct patient interview, gather history, assess risk, counsel and recommend prophylaxis for appropriate cases. 	
Coccidiodomycosis	Report within four days.	1) Conduct surveillance through chart review.	
Coccidiodes immitis		2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.	
CDC:			
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/coccidioidomycosis t.htm			
idioidomycosis_t.nun			
Hansen's disease (leprosy) Mycobacterium lepra	Report within four days.	 Conduct surveillance through chart review. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 	
CDC:			
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/hansenst.htm			
Hemolytic uremic syndrome (HUS) CDC:	Report within four days.	 Conduct surveillance through chart review. Transmit surveillance data weekly to CDC for inclusion in the MMWR. 	
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/escherichiacolig.htm			
Histoplasmosis	Report within four days.	Conduct surveillance through chart review.	
Histoplasma capsulatum			
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/histo plasmosis_g.htm			

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OTHER CONDITIONS		
Disease Agent	Medical Provider Responsibility	Public Health Responsibility
Legionella species	Report within four days.	 Conduct surveillance through chart review. Transmit surveillance data weekly to CDC for inclusion in the MMWR.
CDC: http://www.cdc.gov/ncidod/dbmd/diseaseinfo/legi onellosis g.htm		
Toxic Shock Syndrome CDC:	Report within four days.	 Conduct surveillance through chart review to monitor disease trends. Transmit surveillance data weekly to CDC
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/toxicshock_t.htm		for inclusion in the MMWR.
Transmissible spongioform encephalopathies (including Creutzfeldt-Jakob Disease)	Report within four days.	Conduct surveillance through chart review. Facilitate confirmation. Report suspect vCJD to CDC.
CDC: http://www.cdc.gov/ncidod/dvrd/cjd/ Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA), non- invasive. Staphylococcus aureus	Report every case immediately upon diagnosis.	Perform confirmatory testing on isolate. Conduct epidemiological investigation.
CDC: http://www.cdc.gov/ncidod/hip/vanco/VANCO.H TM		

OTHER CONDITIONS (continued)			
Disease	Medical Provider Responsibility	Public Health Responsibility	
"Outbreak or cluster" means the occurrence in a	Report every case immediately upon diagnosis or strong	The Rhode Island Department of Health	
community or region of cases of an illness clearly	clinical suspicion.	will:	
in excess of the number of cases normally			
expected. The number of cases indicating an outbreak		1) Characterize the extent and	
or cluster will vary according to the infectious agent or		consequences of the outbreak through	
the conditions/hazards, size and type of population		descriptive epidemiology and/or	
exposed, previous experience or lack of exposure to the		analytical studies.	
disease, and time and place of occurrence. A single			
case of a communicable disease long absent from a		2) Provide recommendations for control	
population or the first invasion by a disease not		measures.	
previously recognized in that area requires immediate			
reporting and epidemiologic investigation; two (2)		3) Enforce control measures and evaluate	
cases of such a disease associated in time and place are		outcomes.	
sufficient evidence of transmission to be considered an			
epidemic. Outbreaks or clusters are therefore identified		4) Conduct public and professional	
by significant increases in the usual incidence of the		information activities.	
disease in the same area, among the specified			
population, at the same season of the year. Some		5) Activate state and national resources,	
examples of outbreaks are as follows: 1. <i>Foodborne</i>		as needed.	
<i>outbreak/poisoning:</i> the occurrence of two (2) or more			
cases of a similar illness resulting from the ingestion of			
a common food; 2. <i>Institutional:</i> cluster of similar			
illness in institutional settings, such as nursing homes,			
hospitals, schools, day care centers, etc.; 3.			
Waterborne: at least two (2) persons experiencing a			
similar illness after ingestion of drinking water and			
epidemiologic evidence that implicates water as the			
probable source of the illness; 4. A single case of rare			
and unusual diagnoses, such as smallpox, ebola, or			
human rabies; 5. Outbreaks of <i>unusual diseases or</i>			
illness that may indicate acts of terrorism using			
biological agents, such as anthrax, botulism, ricinosis,			
epsilon toxin of <i>Clostridium perfringens</i> , and			
Staphylococcus enterotoxin B.			

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Heymann., David L., ed. Control of Communicable Diseases Manual, 18th Edition. Washington, DC, American Public Health Association, 2004.

Extensive informational resources on communicable diseases of public health importance for clinicians can be found at:

http://www.health.ri.gov/disease/communicable/index.ph